| 1063'5645                                                                                              |                                                                                                                                                                                                                                                                                                           |                                           |            |                                      |                  |                  |       |                                           |                                                  |     |                     |                        |        |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------|--------------------------------------|------------------|------------------|-------|-------------------------------------------|--------------------------------------------------|-----|---------------------|------------------------|--------|
| PATENT APPLICATION FEE DETERMINATION RECOR                                                             |                                                                                                                                                                                                                                                                                                           |                                           |            |                                      |                  |                  |       | Application or Docket Number  10 6 3 3645 |                                                  |     |                     |                        |        |
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER TO CONTROL OF SMALL ENTITY OF SMALL ENTITY OF SMALL ENTITY |                                                                                                                                                                                                                                                                                                           |                                           |            |                                      |                  |                  |       |                                           |                                                  |     |                     |                        |        |
| T                                                                                                      | OTAL CLAIMS                                                                                                                                                                                                                                                                                               |                                           | <u>i</u>   | 0                                    |                  |                  | R/    | RATE FEE                                  |                                                  | ]   | RATE                | FEE                    |        |
| FOR                                                                                                    |                                                                                                                                                                                                                                                                                                           |                                           | NUMBER     | FILED                                | NUMB             | ER EKTRA         | BAS   | C FEE                                     | 375.00                                           | OR  | BASIC FEE           | 750.00                 |        |
| TOTAL CHARGEABLE CLAIMS                                                                                |                                                                                                                                                                                                                                                                                                           |                                           | A Omir     | าบร 20= '                            | · ~              | 5                | ×     | 9=                                        |                                                  | ОЯ  | X\$18=              |                        |        |
| DATE                                                                                                   | EPENDENT C                                                                                                                                                                                                                                                                                                | AIMS                                      | Sminus 3 = |                                      |                  | X42              |       |                                           |                                                  | OA  | X84=                |                        |        |
| MULTIPLE DEPENDENT CLASSA PRESENT                                                                      |                                                                                                                                                                                                                                                                                                           |                                           |            |                                      |                  |                  | .,    | 40=                                       |                                                  | OR  | 290                 | 290                    |        |
| * If the difference in column 1 is less than zero, enter *0" in column 2                               |                                                                                                                                                                                                                                                                                                           |                                           |            |                                      |                  |                  |       | TAL                                       |                                                  | OR  | TOTAL               |                        | 00     |
| CLAIMS AS AMENDED - PART II                                                                            |                                                                                                                                                                                                                                                                                                           |                                           |            |                                      |                  |                  |       |                                           | <u> </u>                                         | Jon | OTHER               | THAN                   |        |
| (Column 1) (Column 2) (Column 3)                                                                       |                                                                                                                                                                                                                                                                                                           |                                           |            |                                      |                  |                  |       | ALL                                       | ENTITY                                           | OR  | SMALL               |                        |        |
| AMENOMENT A                                                                                            |                                                                                                                                                                                                                                                                                                           | CLAIMS REMAINING AFTER AMENDMENT          |            | HIGHE<br>NUMB<br>PREVIOU<br>PAID F   | ea<br>JSLY       | PRESENT<br>EXTRA | RJ    | TE                                        | ADDI-<br>TIONAL<br>FEE                           |     | RATE                | ADDI-<br>TIONAL<br>FEE |        |
| <u>S</u>                                                                                               | Total                                                                                                                                                                                                                                                                                                     | .36                                       | Minus      | #20                                  | <del>ر</del>     | . 16             | XS    | 9=                                        |                                                  | OR  | X\$18=              | 288                    | DATO   |
| ¥.                                                                                                     | Independent                                                                                                                                                                                                                                                                                               | . 2                                       | Minus      | *** 3                                | <u> </u>         | •                | X     | 2=                                        |                                                  | OR  | X84=                |                        | 11 111 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                         |                                                                                                                                                                                                                                                                                                           |                                           |            |                                      |                  |                  |       | •O>                                       | <del>                                     </del> | 1   | 390                 | 70d                    | 04.5   |
|                                                                                                        |                                                                                                                                                                                                                                                                                                           |                                           |            |                                      |                  |                  |       | DTAL                                      |                                                  | OR  | YOTAL               | 290                    | PAID   |
| 5 /25 6 (Column 1) (Column 2) (Column 3)                                                               |                                                                                                                                                                                                                                                                                                           |                                           |            |                                      |                  |                  |       | FEE                                       | <u> </u>                                         | ОЯ  | ADDIT, FEE          |                        |        |
| AMENDMENT B                                                                                            |                                                                                                                                                                                                                                                                                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | PREVIOUS PAID F                      | ST<br>ER<br>JSLY | PRESENT<br>EXTRA | RV    | TE                                        | ADDI-<br>TIONAL<br>FEE                           |     | RATE                | ADDI-<br>TIONAL<br>FEE |        |
| P                                                                                                      | Total                                                                                                                                                                                                                                                                                                     | . 27                                      | Minus      | <del>-</del> 3/                      | 2                | • ¬              | X     | 9=                                        |                                                  | OR  | X\$18=              |                        |        |
| ME                                                                                                     | independent                                                                                                                                                                                                                                                                                               | · 2                                       | Minus      | <b></b> 3                            |                  | •                | X     | 2=                                        |                                                  | OR  | X84=                |                        |        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                         |                                                                                                                                                                                                                                                                                                           |                                           |            |                                      |                  |                  |       | Ю-                                        |                                                  | OR  | +280=               |                        |        |
| ı                                                                                                      | 1/6/06                                                                                                                                                                                                                                                                                                    |                                           |            |                                      |                  |                  | ADDIT | OTAL                                      |                                                  | OR  | TOTAL<br>ADDIT, FEE |                        |        |
|                                                                                                        | 10000                                                                                                                                                                                                                                                                                                     | (Calumn 1)                                |            | (Colum                               |                  | (Column 3)       |       |                                           |                                                  | -   |                     |                        |        |
| AMENDMENT C                                                                                            |                                                                                                                                                                                                                                                                                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FI | er<br>Asly       | PRESENT<br>EXTRA | RA    | TE                                        | ADDI-<br>TIONAL<br>FEE                           |     | RATE                | ADDI-<br>TIONAL<br>FEE |        |
| Ş                                                                                                      | Total                                                                                                                                                                                                                                                                                                     | . 40                                      | Mirrus .   | -36                                  | <b>,</b>         | -34              | XS    | 9=                                        | 7.7                                              | OR  | X\$18=              | 200                    |        |
| ME                                                                                                     | Independent                                                                                                                                                                                                                                                                                               | • 3                                       | Minus      | ***                                  | 3                | •                | X4    | 2=                                        |                                                  | ОЯ  | X84=                |                        |        |
|                                                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                            |                                           |            |                                      |                  |                  |       |                                           |                                                  |     |                     |                        |        |
|                                                                                                        | * Ethe entry in column 1 is less than the entry in column 2, write "O' in column 3.                                                                                                                                                                                                                       |                                           |            |                                      |                  |                  |       |                                           |                                                  |     |                     |                        | part   |
|                                                                                                        | If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT, FEE OR ADDIT, FEE OR ADDIT, FEE This "SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the Names maybe found in the appropriate box in column 1. |                                           |            |                                      |                  |                  |       |                                           |                                                  |     |                     |                        | (man)  |